



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOXING & RACING DIVISION
500 JAMES ROBERTSON PARKWAY
2ND FLOOR, DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243
615-741-5995 (FAX)
615-741-2384

FOURTEEN (14) DAY NOTICE OF PROFESSIONAL BOXING MATCHES

Date: _____

In accordance with Tenn. Code Ann. §68-115-202(b), which reads "No professional boxing or sparring match or exhibition shall be held in this state unless the licensed promoter(s) thereof furnishes written notice of the details of such match or exhibition to the commissioner at least fourteen (14) days before the scheduled date thereof" and Rule 0780-5-1-.03, notice is hereby submitted to the Commissioner of the Department of Commerce & Insurance, Division of Regulatory Boards that the following professional boxing match(es) are scheduled to be held:

On: _____, 20____ at _____ in the _____ located at:
(Date) (Time) (Building)

(Address)

(City)

(State)

(Zip Code)

****This form must be completed and signed by the promoter of Event****

Main Event

Name: _____ vs. Name: _____

Address: _____ Address: _____

(City)

(State)

(Zip)

(City)

(State)

(Zip)

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Number of Rounds: _____

Weight Classification: _____

Manager: _____

Manager: _____

Preliminary Bouts

1. Name: _____

Address: _____

(City) (State) (Zip)

Number of Rounds: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Manager: _____

2. Name: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

Email: _____

Number of Rounds: _____

Manager: _____

3. Name: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

Email: _____

Number of Rounds: _____

Manager: _____

vs. Name: _____

Address: _____

(City) (State) (Zip)

Weight Classification: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Manager: _____

vs. Name: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

Email: _____

Weight Classification: _____

Manager: _____

vs. Name: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

Email: _____

Weight Classification: _____

Manager: _____

4. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Number of Rounds:_____

Manager:_____

5. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Number of Rounds:_____

Manager:_____

6. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Number of Rounds:_____

Manager:_____

vs. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Weight Classification:_____

Manager:_____

vs. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Weight Classification:_____

Manager:_____

vs. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Weight Classification:_____

Manager:_____

7. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Number of Rounds:_____

Manager:_____

8. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Number of Rounds:_____

Manager:_____

vs. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Weight Classification:_____

Manager:_____

vs. Name:_____

Address:_____

(City) (State) (Zip)

Home Phone:_____

Cell Phone:_____

Email:_____

Weight Classification:_____

Manager:_____

Ring Officials
(List Names)

Judges:

Referee(s):

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Time Keeper(s):

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Physician(s):

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IMPORTANT NOTICE:

By completing this fourteen (14) day notice and signing below the promoter acknowledges the State of Tennessee requirement of health insurance of not less than \$10,000 as specified by Administrative Rule 0780-5-1-.26(5).

(Printed Name of Promoter)

(Signature)

(Address)

(City)

(State)

(Zip)

(Telephone Number)

(Tennessee Promoter's License Number)

IMPORTANT NOTICE:

By completing this fourteen (14) day notice and signing below the promoter acknowledges the State of Tennessee requirement of health insurance of not less than \$10,000 as specified by Administrative Rule 0780-5-1-.26(5).

(Printed Name of Co-Promoter)

(Signature)

(Address)

(City)

(State)

(Zip)

(Telephone Number)

(Tennessee Promoter's License Number)

****ALL CHANGES MUST BE RE-SUBMITTED ON THIS FORM TO THE TENNESSEE BOXING PROGRAM AND APPROVED BY THE COMMISSIONER PRIOR TO BOUT.**